# **Board of Health – Self Evaluation**

AS A BOARD OF HEALTH MEMBER......

- Do you know under what legal authority you operate as a board? YES OR NO
   Comments:
- 2. Are you familiar with IAC chapter 77 and Code of Iowa chapter 137? **YES OR NO**<u>Comments:</u>
- 3. Do you know what legal counsel is available and appropriate for different legal issues? **YES OR NO**

**Comments:** 

4. Do you know who your constituents are? YES OR NO

**Comments:** 

5. Do you know and work with your community partners? (Others in the community who are also concerned about the health of the residents) **YES OR NO** 

**Comments:** 

6. Do you have clear, concrete, and realistic mission and vision statements? **YES OR NO** 

**Comments:** 

7. Do your mission and vision statements drive your decisions? YES OR NO

Comments:

8. Do you understand the Core Public Health Functions and the Ten Essential Public Health Services as they relate to the board? **YES OR NO** 

**Comments:** 

9. Do you understand the Core Public Health Functions and the Ten Essential Public Health Services as they relate to your employees or contract partners?

YES OR NO

Comments:

10. Do you use appropriate, scientific, and community-driven data and information to make decisions, develop strategic planning and fulfill your role of assessment, assurance, and policy development? **YES OR NO** 

## **Comments:**

11. Do you regularly monitor the impact of public health programs in your jurisdiction? Do you expect time limited and measureable objectives related to the public health programs? **YES OR NO** 

## **Comments:**

12. Do you ask for and receive information that will assist you to perform your board duties? **YES OR NO** 

### **Comments:**

13. Do you routinely receive fiscal information that helps you oversee public health in your jurisdiction? **YES OR NO** 

#### **Comments:**

14. Do you have a special system to annually review the public health programs in your jurisdiction? Does this evaluation system include use of sound data and reasonable and measurable agency and program objectives? **YES OR NO** 

#### Comments:

15. Do you have an adequate orientation process for your members? YES OR NO

## **Comments:**

16. Do you work with the board of supervisors to recruit the best possible board of health members as the need arises? **YES OR NO** 

## **Comments:**

17. Do you fulfill the requirements as a reliable board of health member through your commitment to regular attendance and participation at the board of health meeting? **YES OR NO** 

## **Comments:**

18. Do you feel the work of the board, and your work on the board, makes an important difference? YES OR NO

#### Comments: